

Announced Care Inspection Report 5 June 2018



Bupa Dental Care, Campsie Road, Omagh

Type of Service: Independent Hospital (IH) – Dental Treatment

Address: 27 Campsie Road, Omagh BT79 0AE

Tel No: 028 8224 4811

Inspector: Philip Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



In respect of dental practices for the 2018/19 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- Management of medical emergencies
- Infection prevention and control
- Decontamination of reusable dental instruments
- Radiology and radiation safety
- Review of areas for improvement from the last inspection

2.0 Profile of service

This is a registered dental practice with four registered places providing general dental services.

The practice was initially registered as Slevin and Turbitt on 6 February 2012. The practice was sold to Smiles. The registration was never completed as documents were outstanding for the registered person. Smiles was sold to the Oasis Dental Care group, with registration effective from 19 February 2016. The Oasis Dental Care group was purchased by Bupa Dental Care. A registration application and fee has been submitted to RQIA on behalf of Bupa Dental Care; this application is currently being processed.”

3.0 Service details

Organisation/Registered Provider: Oasis Dental Care Responsible Individual(s): Mr Andy Relf	Registered Manager: Ms Linda Burns
Person in charge at the time of inspection: Ms Linda Burns	Date manager registered: 19 February 2016
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

4.0 Action/enforcement taken following the most recent care inspection dated 25 May 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 May 2017.

4.1 Review of areas for improvement from the last care inspection dated 25 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 18 (2) Stated: First time	The registered provider must ensure that formal written induction programmes are developed for staff relevant to their roles. Copies of completed induction records should be retained.	Met
	Action taken as confirmed during the inspection: Review of documentation and discussion with the registered manager evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 25 (2) (b) Stated: First time	The registered provider must ensure, in the interest of health and safety of staff, that the ventilation system in the decontamination room is reviewed to provide a more comfortable environment for staff to work in.	Met
	Action taken as confirmed during the inspection: Inspection of the decontamination room evidenced that this area for improvement has been met.	
Area for improvement 3 Ref: Regulation 15 (2) Stated: First time	The registered provider must ensure that the following issues in relation to radiology and radiation protection are addressed: <ul style="list-style-type: none"> • A radiation protection advisor (RPA) report must be obtained and any recommendations made by the RPA addressed. • All relevant staff should be authorised by a radiation protection supervisor (RPS) for their relevant duties. • The Oasis Dental Care Clinical Governance Manual should be further developed to include reference to the Ionising Radiation Regulations (IRR) 2000 (Northern Ireland) and Ionising Radiation (Medical Exposure) 	Met

	Regulations (IR(ME)R) 2000 (Northern Ireland) legislation.	
	Action taken as confirmed during the inspection: Review of documentation and discussion with the registered manager evidenced that this area for improvement has been met.	
Area for improvement 4 Ref: Regulation 15 (2) Stated: First time	The registered provider must ensure that pressure vessels are inspected under the written scheme of examination of pressure vessels and records retained.	Met
	Action taken as confirmed during the inspection: Review of documentation and discussion with the registered manager evidenced that this area for improvement has been met.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 14.5 Stated: First time	The registered provider should develop a written security policy for the management of prescription pads/forms to reduce the risk of prescription theft and misuse.	Met
	Action taken as confirmed during the inspection: Review of documentation and discussion with the registered manager evidenced that this standard has been met.	
Area for improvement 2 Ref: Standard 9.4 Stated: Second time	The registered provider should ensure the summary report of the monthly patient satisfaction survey reflects the number of participants in the survey.	Met
	Action taken as confirmed during the inspection: Review of documentation and discussion with the registered manager evidenced that this standard has been met.	
Area for improvement 3 Ref: Standard 11.8 Stated: First time	The registered person should ensure that the unannounced monitoring visit encompasses all aspects of Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. Reports of the six monthly unannounced	Met

	monitoring visits should be available in the practice for inspection.	
	<p>Action taken as confirmed during the inspection: Review of documentation and discussion with the registered manager evidenced that this standard has been met.</p>	

5.0 Inspection findings

An announced inspection took place on 5 June 2018 from 08.30 to 09.45.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Standards for Dental Care and Treatment (2011).

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Ms Linda Burns, registered manager, and the senior dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms Burns at the conclusion of the inspection.

5.1 Management of medical emergencies

Management of medical emergencies

A review of arrangements in respect of the management of a medical emergency evidenced that emergency medicines, in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines, were retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance. The most recent occasion staff completed medical emergency refresher training was during May 2018.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

Areas of good practice

The review of the arrangements in respect of the management of a medical emergency confirmed that this dental practice takes a proactive approach to this key patient safety area. This includes ensuring that staff have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.2 Infection prevention and control

Infection prevention and control (IPC)

During a tour of the premises, it was evident that the practice, including the clinical and decontamination areas, were clean, tidy and uncluttered. The practice continues to audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in Primary Care Dental Practices using the Infection Prevention Society (IPS) audit tool. This audit includes key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning, the use of personal protective equipment, hand hygiene practice, and waste and sharps management.

A review of the most recent IPS audit, completed every six months, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

The audits are carried out by the senior dental nurse and staff confirmed that the findings of audits are discussed at staff meetings. It was suggested that the audit is carried out by staff on a rotational basis. This process will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice and could provide the staff member with verifiable Continuing Professional Development (CPD).

Arrangements were in place to ensure that staff received IPC training commensurate with their roles and responsibilities, and during discussion with staff it was confirmed that they had a good level of knowledge and understanding of IPC procedures.

Areas of good practice

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are being given high priority. This includes proactively auditing practice, taking action when issues are identified, and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.3 Decontamination of reusable dental instruments

Decontamination of reusable dental instruments

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. The decontamination room facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

The processes in respect of the decontamination of reusable dental instruments are being audited in line with best practice outlined in HTM 01-05 using the IPS audit tool.

As discussed a review of the most recent IPS audit evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

Arrangements were in place to ensure that staff receive training in respect of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

A review of current practice evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05.

Appropriate equipment, including a washer disinfector and three steam sterilisers, has been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination, and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Staff are aware of what equipment in the practice should be treated as single use and what equipment is suitable for decontamination. It was confirmed that single use devices are only used for single-treatment episodes and disposed of following use.

Areas of good practice

A review of the current arrangements evidenced that best practice as outlined in HTM 01-05 is being achieved in respect of the decontamination of reusable dental instruments. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has four surgeries, three of which have an intra-oral x-ray machine. An orthopan tomogram machine (OPG) is located in a separate room.

Ms Burns was aware of the most recent changes to the legislation surrounding radiology and radiation safety, and a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

A dedicated radiation protection file containing all relevant information was in place. The radiation protection supervisor (RPS) regularly reviews the information contained within the file to ensure that it is current.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA demonstrated that any recommendations made have been addressed.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

All dentists take a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

Areas of good practice

A review of radiology and radiation safety arrangements evidenced that the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with staff .

Patient and staff views

One patient submitted a questionnaire response to RQIA. The response indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. They were very satisfied with each of these areas of their care.

No comments were included in the submitted questionnaire response.

No staff submitted questionnaire responses to RQIA.

	Regulations	Standards
Total number of areas for improvement	0	0

6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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